

Health Utilities Index Mark 3 Scores for  
Children: Population Norms for Canada  
Based on the 1994-95 National  
Longitudinal Survey of Children and  
Youth

Background

- Health-related quality of life is an important endpoint in the evaluation of health status and health care interventions as there is a need to not only understand changes in quantity of life but also quality of life.
- Utility score norms have been published for Canadian adults yet there are no nationally representative utility score norms available for children under the age of 12 years.

Objectives

- The primary objective was to estimate health utility score norms for children in Canada using data obtained from the 1994-1995 National Longitudinal Survey of Children and Youth (NLSCY). We analyzed data from the years in which utility data were available for the entire population of interest (i.e., Canadian children and youth aged 4 to 11 years old).
- Secondary objectives included conducting subgroup analyses according to relevant sociodemographic and medical characteristics, and identifying predictors of utility score values.

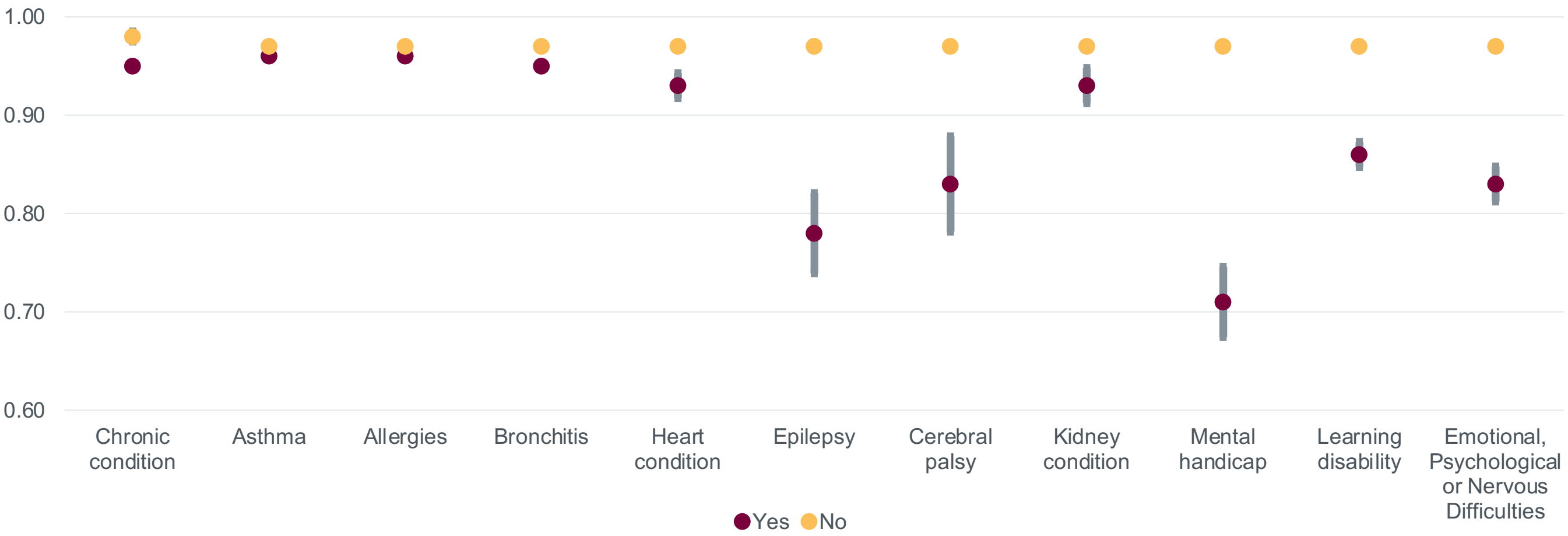
Data and Methods

- We used data from the 1994-1995 NLSCY to provide utility score norms for Canadian children ages 4 to 11 years.
- While children aged 10 and 11 were asked some questions directly, the majority of the survey was completed by a proxy respondent who answered questions on behalf of the child. The proxy respondent was designated as the person most knowledgeable (PMK).
- Utility scores were estimated using the Health Utilities Index Mark 3 (HUI3) instrument and were reported as weighted average (95% confidence intervals [CI]). Regression analyses were used to identify utility score predictors.
- Results are reported using sampling weights provided by Statistics Canada.

Results

- Among the 3,125,996 children in the weighted sample, the average utility score was 0.97 (95%CI 0.97–0.97).
- Most children (65.75%) had a utility score of 1.00 indicating “Perfect health”.
- Clinically and statistically significant lower utility scores were observed among children for whom the presence of epilepsy, cerebral palsy, kidney condition or disease, mental handicap, learning disability, and emotional, psychological or nervous difficulties were reported.

Figure 1. Mean HUI3 Scores According to Chronic Condition



Interpretation

- This is the first study (in Canada and elsewhere) to provide utility scores based on a nationally representative sample of children.
- While most Canadian children have a utility score indicating “Perfect health”, certain chronic conditions were found to have a clinically and statistically significant association with utility scores.
- Further research examining the severity of chronic conditions and children’s utility scores is warranted.

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